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# **SUPPLEMENTAL DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.67)**

Attorney Docket Number	TFD-001
First Named Inventor	John Clifton Mason
COMPLETE IF KNOWN	
Application Number	09/848,666
Filing Date	08/16/2001
Art Unit	1755
Examiner Name	Koslow, Carol M.

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

(or legal representative's) *max*  
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*Novel Polish Compositions and Method of Use*

(Title of the invention)

the specification of which

☐ is attached hereto**OR**☒ was filed on (MM/DD/YYYY)

08/16/2001

as United States Application Number or PCT International

Application Number

09/848,666

and was amended on (MM/DD/YYYY)

I hereby declare that the subject matter of the ☐ attached amendment ☐ amendment filed on  was part of the invention and was invented before the filing date of the original application, above identified for such invention.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority		Certified Copy Attached?	
			Not Claimed		YES	NO
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**SUPPLEMENTAL DECLARATION — UTILITY OR DESIGN PATENT APPLICATION**

Direct all correspondence to: <input type="checkbox"/> Customer Number: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <i>The Furniture Doctor c/o Michael G. Kinnaird</i>			
Address <i>102 Lloyd St</i>			
Address			
City <i>Carrboro</i>	State <i>NC</i>	ZIP <i>27510</i>	
Country <i>USA</i>	Telephone <i>(919) 602-8002</i>	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <i>John C.</i>	Family Name or Surname <i>Mason</i>		
Inventor's Signature <i>Lydia F. (Legal Representative)</i>			Date <i>2/14/04</i>
Residence: City <i>Carrboro</i>	State <i>NC</i>	Country <i>USA</i>	Citizenship <i>USA</i>
Mailing Address <i>103 Fowler St.</i>			
Mailing Address			
City <i>Carrboro</i>	State <i>NC</i>	ZIP <i>27510</i>	Country <i>USA</i>
Name of Second Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <i>Michael</i>	Family Name or Surname <i>Kinnaird</i>		
Inventor's Signature <i>Michael Gates Kinnaird</i>			Date <i>2/14/04</i>
Residence: City <i>Durham</i>	State <i>NC</i>	Country <i>USA</i>	Citizenship <i>USA</i>
Mailing Address <i>3612 Courtland</i>			
Mailing Address			
City <i>Durham</i>	State <i>NC</i>	ZIP <i>27707</i>	Country <i>USA</i>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/ 02A or 02LR attached hereto.			

# STATE OF NORTH CAROLINA

File No.

03-E-395

In The General Court Of Justice  
Superior Court Division  
Before the Clerk

ORANGE County

## IN THE MATTER OF THE ESTATE OF:

Name

JOHN CLINTON MASON

## LETTERS

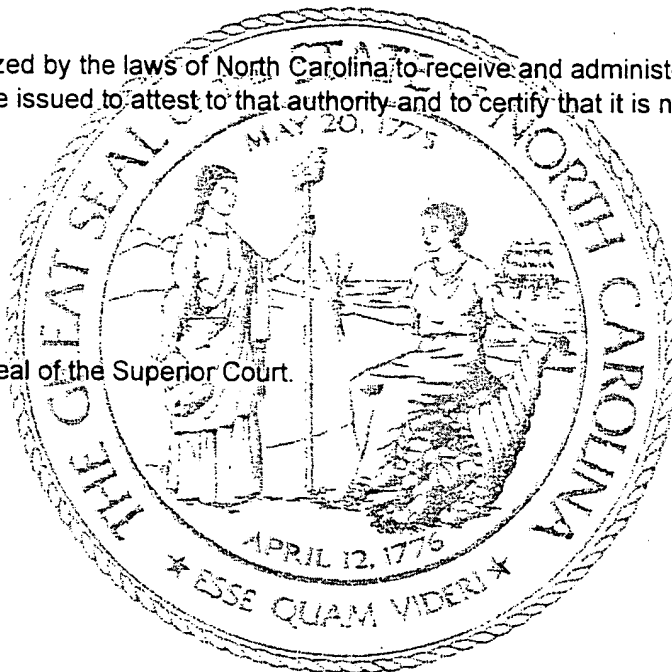
ADMINISTRATION

G.S. 28A-6-1

The Court in the exercise of its jurisdiction of the probate of wills and the administration of estates, and upon application of the fiduciary, has adjudged legally sufficient the qualification of the fiduciary named below and orders that Letters be issued in the above estate.

The fiduciary is fully authorized by the laws of North Carolina to receive and administer all of the assets belonging to the estate, and these Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Superior Court.



Name And Title Of Fiduciary 1

LYDIA F. MASON

Date Of Qualification

AUGUST 20, 2003

Address

103 FOWLER STREET

Clerk Of Superior Court

JAMES C. STANFORD

City, State, Zip

CARRBORO, NC 27510

Name And Title Of Fiduciary 2

EX OFFICIO JUDGE OF PROBATE

Address

Date Of Issuance

AUGUST 20, 2003

City, State, Zip

Signature

*Deanne Brown*

SEAL

☒ Deputy CSC

☐ Assistant CSC